

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

VS.

FOR
FILED

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Lucas Swano

MAY 30 2008
MAGISTRATE JUDGE
GERALDINE SOAT BROWN
UNITED STATES DISTRICT COURT

CHARGE/OFFENSE (describe if applicable & check box →)

18 USC 2113(a)

☒ Felony
☐ Misdemeanor

- 1 ☒ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

08 Cr 434

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY-
MENTAre you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer: _____

IF YES, how much do you
earn per month? \$ _____IF NO, give month and year of last employment
How much did you earn per month? \$ 800If married is your Spouse employed? ☐ Yes ☒ NoIF YES, how much does your
Spouse earn per month? \$ _____If a minor under age 21, what is your Parents or
Guardian's approximate monthly income? \$ _____OTHER
INCOMEHave you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☒ Yes ☐ NoIF YES, GIVE THE AMOUNT
RECEIVED & IDENTIFY \$
THE SOURCESRECEIVED
6392/mo

SOURCES

Social Security Disability

CASH

Have you any cash on hand or money in savings or checking account ☐ Yes ☒ No IF YES, state total amount \$ _____PROP-
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ NoIF YES, GIVE THE VALUE AND \$
DESCRIBE IT

VALUE

DESCRIPTION

DEPENDENTS

MARITAL STATUS

- ☐ SINGLE
☒ MARRIED
☐ WIDOWED
☐ SEPARATED OR
 DIVORCED

Total
No. of
Dependents

1

DEBTS &
MONTHLY
BILLS(LIST ALL CREDITORS,
INCLUDING BANKS,
LOAN COMPANIES,
CHARGE ACCOUNTS,
ETC.)APARTMENT
OR HOME:

Apartment

Credit

\$ _____ \$ 450
 \$ _____ \$
 \$ _____ \$
 \$ _____ \$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

5/30/08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)
